



Serving the People of California



MAGNETIC MEDIA - TRANSMITTAL SHEET QUARTERLY WAGE AND WITHHOLDING INFORMATION

Complete Parts I, II, III and IV of form. Do not complete form DE 6, Quarterly Wage and Withholding Report, unless additional quarterly wages are being reported. Questions regarding quarterly reporting may be directed to (916) 654-8470. Mail completed transmittal and labeled tape/disk to:

Magnetic Media Production Unit, MIC 15
Employment Development Department
P.O. Box 826204
Sacramento, CA 94230-6204

Note: If using land carrier, i.e., UPS or Federal Express, use:
800 Capitol Mall, MIC 15
Sacramento, CA 95814

PART I - TRANSMITTER / CONTACT INFORMATION

TRANSMITTAL DATE: _____

| | |
|--|--|
| TRANSMITTING FIRM NAME AND ADDRESS | PLEASE ENTER REPORTING PERIOD. DE 6 - QUARTER _____ YEAR _____ NUMBER OF FIRMS REPORTED ON FILE: _____ |
| ENTER ADDRESS TO WHICH FILE SHOULD BE RETURNED* <input type="checkbox"/> CHECK FOR CHANGE OF ADDRESS *NOTE: Diskettes not returned unless requested. | NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR TECHNICAL INFORMATION REGARDING FILE. () |

PART II - FIRM(S) BEING REPORTED

(Attach additional sheets if needed. Computer printouts of the required data may also be attached.)

| EMPLOYER NAME (FIRM #1) | | | EMPLOYER NAME (FIRM #2) | | |
|---|--------|-------------------|---|--------|-------------------|
| STATE ID NUMBER | BRANCH | FEDERAL ID NUMBER | STATE ID NUMBER | BRANCH | FEDERAL ID NUMBER |
| TOTAL SUBJECT WAGES REPORTED ON MEDIA FILE \$ | | | TOTAL SUBJECT WAGES REPORTED ON MEDIA FILE \$ | | |
| TOTAL PIT WAGES REPORTED ON MEDIA FILE \$ | | | TOTAL PIT WAGES REPORTED ON MEDIA FILE \$ | | |
| TOTAL PIT WITHHELD ON MEDIA FILE \$ | | | TOTAL PIT WITHHELD ON MEDIA FILE \$ | | |
| TOTAL NUMBER OF EMPLOYEES REPORTED ON MEDIA FILE # | | | TOTAL NUMBER OF EMPLOYEES REPORTED ON MEDIA FILE # | | |
| TOTAL SUBJECT WAGES REPORTED ON PAPER (IF ANY) \$ | | | TOTAL SUBJECT WAGES REPORTED ON PAPER (IF ANY) \$ | | |

PART III - MAGNETIC MEDIA FILE INFORMATION

| | | |
|---|---|---|
| TAPE <input type="checkbox"/> 9 TRACK TAPES <input type="checkbox"/> IBM 3480 TAPE CARTRIDGES | LIST ANY EXTERNAL TAPE/CARTRIDGE FILE IDENTIFICATION NUMBERS _____ _____ _____ | DISKETTE <input type="checkbox"/> 8" <input type="checkbox"/> 5¼ <input type="checkbox"/> 3½ |
|---|---|---|

PART IV - DECLARATION

I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature _____ Title _____ Phone () _____ Date _____